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Date: **April 21, 2006** Must Be Sent By:
To: **Examiner H. Lee** Fax No: **(571) 273-8300**
Company: **USPTO, Art Unit 2877** Phone No: **(571) 272-2419**

Re: **In re Patent Application of
Inventor: Gould et al.
Appl. No.: 10/039,769
Filing Date: December 31, 2001
Title: SCANNING SPECTROPHOTOMETER FOR HIGH
THROUGHPUT FLUORESCENCE DETECTION AND
FLUORESCENCE POLARIZATION**

From: **Anthony G. Smyth** Phone No: **858.509.4007**
User No: **15636** C/M No: **016417-0272123**

Comments:

Attachment(s):

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Amendment in response to outstanding Office Action mailed December 29, 2005, 2 Terminal Disclaimers (each in duplicate), RCE, Extension of Time Request, and Fee Transmittal for the above-identified application.

(Current Due Date: April 29, 2006)

CERTIFICATION UNDER 37 C.F.R. §§ 1.8 and/or 1.10*

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SACHIKO Y. SNEDDEN

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* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/039,789
	Filing Date	12/31/2001
	First Named Inventor	Gene Gould
	Art Unit	2877
	Examiner Name	LEE, Wha G.
	Attorney Docket Number	016417-0272123
Total Number of Pages in This Submission		35

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (2) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks RCE; Fax Cover Sheet		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Anthony G. Smyth, Reg. No. 55,636 Pillsbury Winthrop Shaw Pittman LLP	
Signature		
Date	April 21, 2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Sachiko Y. Snedden	
Signature		Date April 21, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 21 2006

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known Application Number <u>10/039,769</u> Filing Date <u>December 31, 2001</u> First Named Inventor <u>GENE GOULD</u> Examiner Name <u>LEE, Hwa S.</u> Art Unit <u>2877</u> Attorney Docket No. <u>016417-0272123</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$ <u>785</u>)			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity Fee (\$) 50 25 380 180
2. EXCESS CLAIM FEES							
Fee Description: Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims							
Total Claims <u>65</u>		Extra Claims <u>4</u>		Fee (\$) <u>0.00</u>		Fee Paid (\$) <u>0.00</u>	
HP = highest number of total claims paid for, if greater than 20		Extra Claims <u>4</u>		Fee (\$) <u>100.00</u>		Fee Paid (\$) <u>200.00</u>	
Indep. Claims <u>8</u>		Extra Claims <u>2</u>		Fee (\$) <u>100.00</u>		Fee Paid (\$) <u>200.00</u>	
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets <u>100</u>		Extra Sheets <u>150</u>		Number of each additional 50 or fraction thereof <u>3</u>		Fee (\$) <u>125.00</u>	
Fee Paid (\$) <u>0.00</u>							
4. OTHER FEE(S)							
Non-English Specification, 130 fee (no small entity discount)		1 Month Extension of Time (Fee Code: 2251)		\$60;		Fee Paid (\$) <u>0.00</u>	
Other:		2 Terminal Disclaimers (Fee Code: 2814)		\$130;		Fee Paid (\$) <u>0.00</u>	
		RT E (Fee Code: 2801)		\$395		Fee Paid (\$) <u>0.00</u>	

SUBMITTED BY		Registration No. <u>55636</u>		Telephone <u>858509.4007</u>	
Signature <u>[Signature]</u>		(Attorney/Agent)		Date <u>April 21, 2006</u>	
Name (Print/Type) <u>Anthony Smyth</u>					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB47 (12-04)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 785

Complete if Known

Application Number 10/039,769
Filing Date December 31, 2001
First Named Inventor GENE GOULD
Examiner Name LEE, Hwa S.
Art Unit 2877
Attorney Docket No. 016417-0272123

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METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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☒ Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	60	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 65	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
65	4	X	0.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims - 8	Extra Claims	Fee (\$)	Fee Paid (\$)			
8	2	X	200.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets - 100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof x Fee (\$)

4. OTHER FEE(S)

Non-English Specification, 130 fee (no small entity discount) 1 Month Extension of Time (Fee Code: 2251) \$60;
2 Terminal Disclaimers (Fee Code: 2814) \$130;
Other: RCE (Fee Code: 2801) \$395

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Anthony Smyth</i>	(Attorney/Agent) 55636	858509.4007
Name (Print/Type)	Anthony Smyth	Date	April 21, 2006

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